



News Flash – The revised Clinical Laboratory Fee Schedule Fact Sheet (January 2010), which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/clinical_lab_fee_schedule_fact_sheet.pdf on the CMS website. If you are unable to open the fact sheet, please copy and paste the url into your Internet browser.

MLN Matters® Number: MM6813

Related Change Request (CR) #: 6813

Related CR Release Date: April 9, 2010

Effective Date: January 1, 2010

Related CR Transmittal #: R1945CP

Implementation Date: July 9, 2010

Note: This article was updated on November 23, 2012, to reflect current Web addresses. All other information remains unchanged.

Legislation to Allow Independent Laboratory Billing for the Technical Component of Physician Pathology Services for Hospital Inpatients and Outpatients

Provider Types Affected

Independent clinical diagnostic laboratories submitting claims to Medicare contractors (carriers and Parts A/B Medicare Administrative Contractors (A/B MAC)) for services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on CR 6813, which directs Medicare contractors to notify independent laboratories eligible to bill for the Technical Component (TC) of physician pathology services provided in an inpatient or outpatient setting of a hospital that they may continue to do so through December 31, 2010, regardless of the beneficiary's hospitalization status (inpatient or outpatient), in accordance with the Patient Protection and Affordable Care Act. Hospitals and independent laboratories should be sure that their billing staffs are aware of this billing extension.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The Patient Protection and Affordable Care Act was enacted on March 23, 2010. Section 3104 of this statute permits independent clinical laboratories to continue to bill for the TC of physician pathology services for inpatients or outpatients of a hospital. Independent laboratories that qualify to bill under Section 542 of the Benefits Improvement and Protection Act of 2000 (BIPA), Section 732 of the Medicare Modernization Act (MMA), Section 104 of the Tax Relief and Health Care Act of 2006 (TRHCA), Section 104 of the Medicare, Medicaid, State Children's Health Insurance Program (SCHIP) Extension Act of 2007 (MMSEA), and Section 136 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) for the TC of the physician pathology services may continue to do so effective with date of service January 1, 2010, through December 31, 2010.

Additional Information

If you have questions, please contact your Medicare carrier or A/B MAC at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1945CP.pdf> on the CMS website.

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